

POSITION MANAGEMENT FORM INSTRUCTIONS

ALL POSITION MANAGEMENT FORMS ARE TO BE SUBMITTED DIRECTLY TO EMPLOYEE COMPENSATION FIRST. ONCE EMPLOYEE COMPENSATION HAS COMPLETED THEIR REVIEW, THE FORMS WILL BE FORWARDED TO OMB.

A separate worksheet has been included for each action you might need to make for a position. Just use and submit the pages that you need for the action you are requesting.

Please note the check box reminder in the upper right hand corner of each page and CHECK EACH ITEM as you complete it.

A "Reports To" position number must be identified for every position.

A separate form must be used for each position or group of identical positions. The Fund, Agency, Market Range Title (Job Family), Position Working Title, Department (Location), Org (Dept ID), and "Reports To" Position # must all be the same to group positions as identical on a single sheet.

Additional information specific to the page is located at the top of each page.

The "Budget Rate" is the average hourly rate for all positions included on the page or section of page if multiple positions are included.

The "Page 2 - All Requests" page must be completed for every submission package.

- 1. To request that a new position(s) be created, use the top section of the "Create-Inactivate" page.
 - **A.** Fully complete the Costs section, including any additional documentation. Some of the information autocalculates for you as you fill in data electronically.
 - **B.** The following forms must also be attached:
 - a. A Job Description
 - b. A P/A/S Alignment Worksheet
 - **C.** For positions associated with more than one fund, fill out a Create-Inactivate form for each fund, and reflect the associated FTE %. The "Create-Inactivate (2)" tab is to be used for this purpose. These forms should be submitted together, with an explanation of the fact that they represent one position and therefore must have one position number.
- 2. To request that a position(s) be inactivated (no position is ever deleted), use the bottom of the "Create-Inactivate" page.

Fully complete the Costs section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.

- 3. To request only that a position(s) be transferred from one Department (Location), Org (Dept ID), or reporting category to another, use the "Transfer" page.
 - **A.** Fully complete the Financial Information section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.
 - **B.** Identify the correct "Reports To" position number for the position being transferred.
 - C. Attach a P/A/S Alignment Worksheet if more than three PAS codes are involved.

- 4. To request only that the percent of Full-Time be changed on a position(s), use the "Chg % FTE" page.
 - **A.** Fully complete the Financial Information section, including any additional documentation. Some of the information auto-calculates for you as you fill in data electronically.
 - B. Attach a P/A/S Alignment Worksheet if more than three PAS codes are involved.
- 5. To request a change of Working Title, FLSA Status, Classified Status, "Reports To" Position Number, or Position Type (Regular or Contract), use the "Chg Attributes" page.

Attach a job description(s) if required for the action requested.



POSITION MANAGEMENT FORM CREATE and/or INACTIVATE POSITION(S)

POSITION IS BUDGETED IN COGNOS
BUDGET HAS BEEN PROMOTED
JOB DESCRIPTION ATTACHED
P/A/S ALIGNMENT WORKSHEET COMPLETED

Fiscal Year	Dept (PS Loc) #	County Department Name	Date of Request	Requested Eff. Date
			Control No.*	Effective Date*
Dept. Use:				

Org (Dept ID):

*For OMB/Employee Comp Use Only

Function Code:

Rept Category:

A JOB DESCRIPTION MUST BE ATTACHED TO EVERY REQUEST FOR POSITION CREATION

A SEPARATE CREATE/INACTIVATE SHEET MUST BE COMPLETED for each position, group of identical positions, or fund (for split-funded positions). The Market Range Title (Job Family), Working Title, Accounting String, & "Reports To" Position # must be the same for each group of positions.

Any position to be inactivated should BE VACANT BEFORE Position Management Form to inactivate it is submitted.

COMPLETE A P/A/S ALIGNMENT WORKSHEET FOR EACH NEW position or group of identical positions to document the impact.

Fund/Agency:

of Positions:

CREATE POSITION(S

Position Working Title:

GENERAL POSITION INFORMATION

Requested MRI Range Title (300 Family)	TOTAL FIE:	Budget Kate.	Reports to Pos #:	Regular Contra	ct Temporary
Intended Advertised Hiring Range:	Requested FLSA Status: ☐ FLSA Exempt ☐ FLSA Non Exempt		Requested Position Status: Classified Unclassified		
Approved Mkt Range Title (Job Family)*	Job Code:*	Approved F	LSA Status:* FLSA Non Exempt	Approved Po	osition Status:* Unclassified
For OMB/Employee Comp Use Only Effective Date of Creation:	Position #(s):				
Direct Costs: Annualized Salary - Annualized Benefits - Subtotal Direct Costs - Indirect Costs: Uniform allowance -	Purpose of Positio	on(s):			
Additional space* - Equipment -		Policy Guidelines): Sizesq		ultiple positions *Total Cost:	
Training - Other Subtotal Indirect Costs \$ -	Private Office -	Sizeso	ı ft	<i>urce of Funding:</i> Fund Org	
Total Cost \$ -					
INACTIVATE POSITION(S) GENERAL POSITION INFORMATION					
Market Range Title (Job Family):	Job Code:	Fund/Agency:	Org (Dept ID):	Position	Number(s):
Position Working Title:	Budget Rate:	# of Positions:	Total FTE:		
Annualized Benefits 0. Other 0.	Comments:				

Total Savings \$

0.00

Other



POSITION MANAGEMENT FORM CREATE and/or INACTIVATE POSITION(S) (2)

POSITION IS BUDGETED IN COGNOS
BUDGET HAS BEEN PROMOTED
☐ JOB DESCRIPTION ATTACHED
P/A/S ALIGNMENT WORKSHEET COMPLETED

Fiscal Year	Dept (PS Loc) #	County Department Name	Date of Request	Requested Eff. Date
			Control No.*	Effective Date*
Dept. Use:				
		·	*E 014D/E 1	0 11 0 1

Org (Dept ID):

*For OMB/Employee Comp Use Only

Function Code:

Rept Category:

A JOB DESCRIPTION MUST BE ATTACHED TO EVERY REQUEST FOR POSITION CREATION

A SEPARATE CREATE/INACTIVATE SHEET MUST BE COMPLETED for each position, group of identical positions, or fund (for split-funded positions). The Market Range Title (Job Family), Working Title, Accounting String, & "Reports To" Position # must be the same for each group of positions.

Any position to be inactivated should BE VACANT BEFORE Position Management Form to inactivate it is submitted.

COMPLETE A P/A/S ALIGNMENT WORKSHEET FOR EACH NEW position or group of identical positions to document the impact.

Fund/Agency:

of Positions:

CREATE POSITION(S

Position Working Title:

GENERAL POSITION INFORMATION

Requested Mkt Range Title (Job Family)	lotal FIE:	Budget Rate:	Reports to Pos #:	Regular Contrac	on Type: ct Temporary	
Intended Advertised Hiring Range:			FLSA Status:	Requested Position Status:		
	☐ FLSA Exempt ☐ FLSA Non Exempt		Classified	Unclassified		
Approved Mkt Range Title (Job Family)*	Job Code:*	Approved F	LSA Status:* FLSA Non Exempt	Approved Po	sition Status:* Unclassified	
For OMB/Employee Comp Use Only	Position #(s):	·	·			
Effective Date of Creation:	` '					
Direct Costs:	Purpose of Position	nn(s).				
Annualized Salary -	T dipose oi i osido	11(3).				
Annualized Benefits -						
Subtotal Direct Costs \$ -	†					
Indirect Costs:	†					
Uniform allowance -						
Additional space*	*Work Space (per	Policy Guidelines):	# needed if m	nultiple positions		
Equipment -		Sizesq		*Total Cost:		
Training -		Sizesq		rotar coot.		
Other		Sizeso		urce of Funding: Fund		
Subtotal Indirect Costs \$ -	Uther -	31ZE3C		Org		
Total Cost \$ -				0.9		
INACTIVATE POSITION(S)						
GENERAL POSITION INFORMATION						
Market Range Title (Job Family):	Job Code:	Fund/Agency:	Org (Dept ID):	Position I	Number(s):	
Position Working Title:	Budget Rate:	# of Positions:	Total FTE:			
r osition working ride.	Budget Nate.	# Of I Ositions.	Total I I L.			
		<u> </u>				
Total Savings:	Comments:			<u> </u>		
Annualized Salary 0.00	D .					
Annualized Benefits 0.00	D .					
Other 0.00	o l					
Other 0.00	ס					
Other 0.00	al .					

Total Savings \$



POSITION MANAGEMENT FORM POSITION TRANSFERS

P/A/S ALIGNMENT WORKSHEET ATTACHED	
P/A/3 ALIGINIVIENT WORKSHEET ATTACHED	

Fiscal Year	Dept. (PS Loc.) #	County Department Name	Requested Ef	fective Date	Date of Request
		* For OMB/Er	mployee Comp Use Only	Control No.*	Effective Date*
Dept. Use:]		

A SEPARATE POSITION TRANSFER FORM MUST BE COMPLETED for each position or group of identical positions. The Market Range Title (Job Family), Working Title, and accounting string must be the same for each group of positions.

ATTACH A P/A/S ALIGNMENT WORKSHEET if position has more than 3 PAS Codes.

GENERAL POSITION INFORMATION							
Market Range Title (Jo	ket Range Title (Job Family): From Fund/Agency: To Fund/Agency: From Org (DeptID): To Org (DeptID) #: Position #(s): Reports To#						Reports To#:
Position Working Title	ition Working Title: From Co Dept (PS Loc)# To Co Dept (PS Loc) #: From Funct Code(s): To Funct Code(s)						
# Positions: From Rept Category(s): To Rept Category(s):							
Total FTE:							
Budget Rate:							
FINANCIAL INFORMA	TION						
Total Fiscal Impact: Annualized Salary	-	Comments:					
Annualized Benefits	-						
Other (Explain) Total Savings	<u>-</u>						
		HANGE ON THE RECEIV					
P/A/S Code:	% Time Alloc:	Activity Description (Nam	ne & describe the applicable	activity as defined in	current MFR Strate	gic Plan):	
Identify how requested	d position(s) in	pact referenced Activity.	Check all that apply. Include	de quantifiable data, if	available, in space	provided.	
☐ Improve result							
☐ Increase output							
☐ Increase efficiency							
Response to demand							
P/A/S Code:	% Time Alloc:	Activity Description (Nam	ne & describe the applicable	activity as defined in	current MFR Strate	gic Plan):	
Identify how requested	d position(s) in	npact referenced Activity.	Check all that apply. Include	de quantifiable data, if	available, in space	provided.	
Improve result							
☐ Increase output							
Increase efficiency	☐ Increase efficiency						
Response to demand							
P/A/S Code:	0/ Time Alles	Antivity Department of (2)	an O alono allono allon	antibility and define at 1	ALLER OF T	wie Dlew'	
F/A/S Code.	% Time Alloc.	Activity Description (Nam	ne & describe the applicable	activity as defined in	current WFR Strate	gic Pian):	
Identify how requested	d position(s) in	pact referenced Activity.	Check all that apply. Include	de quantifiable data. if	available, in space	provided.	
☐ Improve result					,		
☐ Increase output							
☐ Increase efficiency							
Response to demand							
D : 4/00/0004							



POSITION MANAGEMENT FORM CHANGE FULL-TIME PERCENTAGE OF POSITION(S)

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	P/A/S	ALIGNMENT	WORKSHEET	COMPLETED
_	. , , , ,			00 22.22

Fiscal Year	Dept (PS Loc) #	County Department Name		Date of Request
		Requested Effective Date	Control No.*	Effective Date*
Dept. Use:				

*For OMB/Employee Comp Use Only

COMPLETE P/A/S ALIGNMENT WORKSHEET TO DOCUMENT ANY IMPACT OF CHANGE OF % OF FTE ON RESULTS, OUTPUT, EFFICIENCY OR DEMAND FOR PROGRAM OR ACTIVITY.

ONLY POSITIONS WITH THE SAME MARKET RANGE TITLE (JOB FAMILY), POSITION WORKING TITLE, FUND/AGENCY AND ORG (DEPT ID) CAN BE INCLUDED ON THE SAME CHANGE FORM.

GENERAL POSITION INFORMATION					
Market Range Title (Job Family):	Fund/Agency:	Position #	Budget Rate:	From % FTE:	To % FTE:
Position Working Title:	Dept ID (Org):				
	L				

FINANCIAL INFORMATION					
Total Fiscal Impact:	Con	nments:			
Annualized Salary	-				
Annualized Benefits	-				
Other	-				
Other	-				
Other	-				
Total Fiscal Impact:	-				



POSITION MANAGEMENT FORM POSITION ATTRIBUTES CHANGES

Job Description(s) Attached	
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T CAN THE LANGE	Fiscal Year	Dept (PS Loc) #	County Department Name			Requested Effective Date		
COUNT		*For	Employee	Comp Use Only	*Control No.	*A	pproved Effective Dat	Δ.
	Dept. Use:	FOI	Imployee	Comp use only	CONTROL NO.		pproved Effective Dat	C
COMPLETE THIS FORM IF T		SES ARE THE PO	OSITION	WORKING .	TITI F "REPORT	S TO" P	OSITION NUMBER	FLSA
COMIT LETE THIS FORM II T		JS, CLASSIFIED				0 10 1	OOITION NOMBER,	LOA
4NV 550		·				DECOR	IDTION	
ANY REQ	UEST TO CHANG	E FLSA OR CLA	SSIFIEL	SIAIUS KI	EQUIRES A JOB	DESCR	PHON.	
ANY REQUEST TO CHANGE	A WORKING TIT	LE REQUIRES B	отн тн	E OLD JOB	DESCRIPTION A	ND THE	NEW JOB DESCRIP	PTION
	UN	LESS IT'S A CLO	OSELY F	RELATED CH	IANGE.			
Position #1								
Position Number:	Reports to Pos		Fram.	FLSA Non-Exem	FLSA S pt ☐ FLSA Exempt		FLSA Non-Exempt FLSA E	vomnt
Current Position Title:	From: Requested Positio	To:	From: L		Position	1	LSA NOII-EXEMPLFLSA E	xempt
Current Fosition Title.	Requested Fositio	in working ride.	From:	Classified	Unclassified	To:	Classified Unclassifi	ied
*Changes Approved	Position Status: _	Yes No			Position			
FLSA Status: Yes No	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	
Position #2								
Position Number:	Reports to Pos	sition Number: To:	From:	FLSA Non-Exem	FLSA S pt ☐ FLSA Exempt		FLSA Non-Exempt FLSA E	vomnt
Current Position Title:	From: Requested Positio	1	From: L		Position	1	LSA NOII-EXEMPLFLSA E	xempt
Current Fosition Title.	Requested Fositio	iii workiiig Title.	From:	Classified	Unclassified	To:	Classified Unclassif	ied
*Changes Approved	Position Status:	Yes No			Position			
FLSA Status:YesNo	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	
Position #3								
Position Number:	Reports to Pos	sition Number: To:	Fram. [FLSA Non-Exem	FLSA S pt ☐ FLSA Exempt		FLSA Non-Exempt FLSA E	vomnt
Current Position Title:	From: Requested Positio		From: L		Position		LSA NOII-EXEMPT FESA E	xempt
our ent i osition i itie.	Requested Fositio	in Working Title.	From:	Classified	Unclassified	To:	Classified Unclassif	ied
*Changes Approved	Position Status:	Yes No			Position			
FLSA Status:YesNo	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	
Position #4			T					
Position Number:	Reports to Pos	sition Number: To:	From:	FLSA Non-Exem	FLSA S pt ☐ FLSA Exempt		FLSA Non-Exempt FLSA E	vemnt
Current Position Title:	Requested Positio		FIOIII.		Position		Eo/t Noir Exempt TEO/t E	xempt .
	roquosiou i osimo	an tronking ratio	From:	Classified	Unclassified	To:	Classified Unclassif	ied
*Changes Approved	Position Status:	Yes No	_	П.	Position Position			
FLSA Status:YesNo	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	
Position #5								
Position Number:	Reports to Pos	sition Number: To:	From:	FLSA Non-Exem	pt FLSA S		FLSA Non-Exempt FLSA E	vemnt
Current Position Title:	Requested Positio		T TOILL	TESA NOIT-EXCIT	Position		LOA NOTI-EXCTIPE TEGALE	xempt
	•	ar violaning ration	From:	Classified	Unclassified	To:	Classified Unclassif	ied
*Changes Approved	Position Status:	Yes No	_		Position			
FLSA Status:YesNo	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	
Position #6			1					
Position Number:	Reports to Pos	sition Number: To:	From:	FLSA Non-Exem	FLSA S pt ☐ FLSA Exempt		FLSA Non-Exempt FLSA E	vomn+
Current Position Title:	From: Requested Positio		i-TOIII. L	i LOM NUII-EXEIII	Position		LOW MOLL-EYELLING TESA E	λειτιρι
			From:	Classified	Unclassified	To:	Classified Unclassif	ied
*Changes Approved	Position Status:	Yes No			Position			
FLSA Status: Yes No	Position Type:	Yes No	From:	Regular	Contract	То:	Regular Contract	



POSITION P/A/S ALIGNMENT WORKSHEET IMPACT OF NEW, TRANSFERRED, OR CHANGE OF FTE POSITION(S)

ON		Affected Position				
Dept. Use:		Number(s):				
P/A/S Code:	% Time Allocated:	Activity Description (Name	and describe the appli	cable activity as define	d in the current MFR	Strategic Plan):
L.L (16 - L			Ob b ll (b - (b -	la alcada accessibilità di	er if and blacks an	
identity now request	ea position(s) will in	pact the referenced Activit	y. Check all that apply	. Include quantifiable di	ata, ir avaliabie, in sp	ace provided.
Improve result						
☐ Increase output						
_						
☐ Increase efficiency						
Response to demand						
Response to demand						
P/A/S Code:	% Time Allocated:	Activity Description (Name	and describe the appli	cable activity as defined	d in the current MFR	Strategic Plan):
Identify how request	tod position(s) will im	 npact the referenced Activit	v. Chook all that apply	Include quantifiable d	ata if available in se	aco providod
identity flow request	lea position(s) will in	ilpact the referenced Activit	y. Check all that apply	. Include qualitinable de	ata, ii avaliable, iii sp	ace provided.
Improve result						
☐ Increase output						
Increase efficiency						
Response to demand						
☐ Kesponse to demand						
P/A/S Code:	% Time Allocated:	Activity Description (Name	and describe the appli	cable activity as defined	d in the current MFR	Strategic Plan):
Identify how request	ed nosition(s) will in	Inpact the referenced Activit	v Check all that anniv	Include quantifiable de	ata if available in sn	ace provided
identity flow request	led position(s) will in	ilpact the referenced Activit	y. Oneck all that apply	. Ilicidue qualitiliable u	ata, ii avallabie, iii sp	ace provided.
Improve result						
Increase output						
Increase efficiency						
micrease emidency						
Response to demand						
	T			11 11 11		
P/A/S Code:	% Time Allocated:	Activity Description (Name	and describe the appli	cable activity as defined	d in the current MFR	Strategic Plan):
Identify how request	ed position(s) will in	npact the referenced Activit	y. Check all that apply	Include quantifiable da	ata, if available. in spa	ace provided.
	. (-)					•
Improve result						
☐ Increase output						
☐ marease output						
Increase efficiency						
Response to demand						
P/A/S Code:	% Time Allocated:	Activity Description (Name	and describe the appli	cable activity as define	d in the current MED	Stratonic Plan\:
i /A/O Code.	/ Time Allocated.	Activity Description (Maine	and describe the appli	Sable activity as utilities	a the current wift	on ategio i iaiij.
Identify how request	ted position(s) will in	npact the referenced Activit	y. Check all that apply	Include quantifiable da	ata, if available, in spa	ace provided.
Improve result						
Improve result						
Improve result						
☐ Improve result ☐ Increase output ☐ Increase efficiency						
☐ Improve result ☐ Increase output						

	POSITION JU	ISTIFICATION		
	savings will be used and/or how department will or in why this is necessary and how the new funding and th			rease in FTE's. If a position
DEPARTMENT AUTH	ORIZATION			
	ear impact of new positions will be solely funded wit	hin my donortmontly hydret a	and identification of the	acco funding courses must
be provided prior to final ap Supervisors as a separate	proval. It is also understood that any budget impac agenda item.	ts not absorbed wiwithin my b		
Department Appointing A	authority (Department Director, Elected Official of	or Chief Deputy):		
Signature			Date	
	APPROV	ALS		
EMPLOYEE COMPEN	SATION DIVISION			
Logged by:				
Signature	Question Department for further clarification Approve Deny		Date	
OFFICE OF MANAGE	MENT & BUDGET			
	t Form complete/correct? rate reflected in budgeted FTEs by fund and org? PROMOTED Revised budget?		Yes Yes Yes	No No No
Recommendation: Signature:	Approve Delay to	Return Deny		
ELECTED OFFICIAL.	PRESIDING JUDGE OR DEPUTY COUNT	Y ADMINISTRATOR		
	Return to Department for further clarification Approve Deny		Date	
EMPLOYEE COMPEN	SATION DIVISION			
PeopleSoft HRMS	Entry Completed			

Date

Signature